

Foster Family Home - Corrective Action Report

Provider ID: 1-100046

Home Name: Noralyn Malacas, NA

Review ID: 1-100046-7

94-150 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/25/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due on 3/25/2021.

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- APS/CAN for CG#2 lapsed on 9/18/2020 and renewed on 10/7/2020.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(b)(4)- CG#4 was without a Substitute Disclosure Form completed in the CCFFH binder.

41.(b)(8)- CG#4 without the following: CPR/First Aid/Bloodborne & Infection Control certifications in the CCFFH binder.

41.(c)- CG#4 and CG#5 both had no annual in-services training present in the CCFFH binder.

41.(g)- No Basic Skills Checklist present for CG#4 and CG#5 in Client #1 and Client #2's charts.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#4 and CG#5 without evidence of having conducted a monthly fire drill.

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Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3, CG#4, and CG#5 were without evidence of having been trained in the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)- CG#4 and CG#5 had not been added to CCFFH's general liability insurance policy dated 11/30/2020-11/30/2021.

Amirah Mahamud, M

Compliance Manager

Konaka CR

Primary Care Giver

2/25/2021

Date

2/25/2021

Date